

Director's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: June 26, 2010

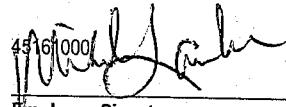
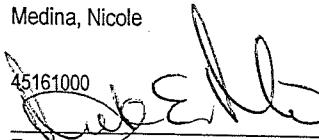
Employee Name:				Sunday 06/20/10		Monday 06/21/10		Tuesday 06/22/10		Wednesday 06/23/10		Thursday 06/24/10		Friday 06/25/10		Saturday 06/26/10	
Corbett,Kate 45161000 Employee Signature <i>Kate Corbett</i>	Day: In - Out							11:45	12:45	1:50	2:50	1:50	2:50	1:50	2:50		
	Lunch: Out - In							12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To																
Document exceptions or comments, indicate type and amount.				SIF 7.5													
Desjardins, Stacey 8100-9745 Employee Signature <i>Stacey Desjardins</i>	Day: In - Out																
	Lunch: Out - In																
	Outside Duty: From - To																
Document exceptions or comments, indicate type and amount.				DEA school		DEA school		DEA school		DEA school		DEA school		DEA school			
Dookhan, Annie 45161000 Employee Signature <i>Annie Dookhan</i>	Day: In - Out			11:45	12:15	12:45	1:00	11:45	12:15	12:00	12:30	11:45	12:15	11:45	12:15		
	Lunch: Out - In			12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To													2:15	2:30	2:35	10:45
Document exceptions or comments, indicate type and amount.				OT 1.5		OT 1.25		OT 1.5		Plymouth asmt		Fall River asmt		OT 1.25			
Frasca,Daniela 45161000 Employee Signature <i>Daniela Frasca</i>	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	1:45		
	Lunch: Out - In			1:00	1:30	1:00	1:10	1:00	1:30	1:00	1:30	1:00	1:30	12:00	12:30		
	Outside Duty: From - To																
Document exceptions or comments, indicate type and amount.								8:45 11:00 am						5:15 1 hr			

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Glazer, Lisa 45161000 Employee Signature 	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		DEA School		DEA School		DEA School		DEA School		DEA School		DEA School			
Lawler, Michael 45161000 Employee Signature 	Day: In - Out				830	700	755	155	830	800	745	815	740	630	
	Lunch: Out - In				155	125			105	135	1230	100	1000	120	
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		OT 2.5		OT 2.5		OT 3.5		OT 4.5		OT 6.0					
Medina, Nicole 45161000 Employee Signature 	Day: In - Out			7:40	3:40			7:35	3:35	7:40	3:40	7:35	3:15		
	Lunch: Out - In			12	12:30			12	12:30	12	12:30	12	12:30		
	Outside Duty: From - To											7:35			
Document exceptions or comments, indicate type and amount.		5/15 Duty						Failure							
O'Brien, Elisbeth 45161000 Employee Signature 	Day: In - Out			800	430	730	330	740	440	750	150				
	Lunch: Out - In			1130	1200	1130	1200	1130	1200						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		OT 1.0		+1.0 COM		OT 0.5		OT 0.5		SICK 6.5					

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Philips, Gloria 45161000 Employee Signature <i>Gloria Philips</i>	Day: In - Out			8:35	4:35										
	Lunch: Out - In			12:00	12:30										
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				CMT 7.5		CMT 7.5		CMT 7.5		CMT 7.5					
Piro, Peter 45161000 Employee Signature <i>CBS</i>	Day: In - Out			8:30	4:30	9:15	5:15								
	Lunch: Out - In			12	12:30	12	12:30								
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				7.5 VAC		7.5 VAC		Per 7.5 ✓							
Renczkowski, Daniel 45161000 Employee Signature <i>D.R.L.</i>	Day: In - Out			6:45	4:45	6:45	4:45	6:45	4:45	6:45	4:45	6:45	4:45	6:45	4:45
	Lunch: Out - In			12:00	1:30	12:00	1:30	11:15	1:15	12:00	1:30	12:00	1:30	12:00	1:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				OT 2hrs ✓		OT 2hrs ✓		Suffolk Superior		Fall 1.75 ✓				OT 7.5 hrs ✓	
Saunders, Della 45161000 Employee Signature <i>Della Saunders</i>	Day: In - Out			6:45	3:30	6:45	3:30	6:45	1:00	6:45	4:30	6:45	3:45	6:45	3:45
	Lunch: Out - In			11:30	2:00	1:30	2:00			1:30	2:00	12:00	1:30	12:00	1:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				OT 0.75 ✓		OT 0.75 ✓		Suffolk Superior VAC 1.5 ✓		OT 1.75 ✓		Fall 1.75 ✓		OT 7.5 ✓	

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Sprague, Shirley 45161000 <i>Shirley Sprague</i> Employee Signature	Day: In - Out		850 450		900 500	855 500	835 435	
	Lunch: Out - In		100 130		100 130	100 130	120 130	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				51C 7.5				
Tan, Zhi 45161000 <i>Zhi Tan</i> Employee Signature	Day: In - Out	6:45 6:50 2:45	6:45 7:00	6:45 6:10	6:45 7:45 3:45	7:45 6:45 6:45	6:45 6:45	6:45
	Lunch: Out - In	12:00 2:25	12:00 12:30	12:30 3:50	12:00 12:30	12:00 12:30	12:00 12:30	12:00
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			20% OT Per 0.5 1.5	OT 4.25	OT 0.5	OT 5.0	OT 5.0	OT 11.0
Tran, Mai 45161000 <i>Mai Tran</i> Employee Signature	Day: In - Out	745 12		830 230	81			
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			1.75 sick Dr. Appr					
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/26/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: _____ Date: _____

Department Head: Folkmire Lam Date: 6/24/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Landee	120459	11.5 hrs			
Daniel Renzkausk	297673	7.5 hrs			
Della Saunbe	147387	7.5 hrs			
Zhi Tan	148724	11 hrs			